

INDIVIDUAL

PROVIDER

INFORMATION

BOOKLET

2000



Washington State
DEPARTMENT OF
SOCIAL & HEALTH
SERVICES

Division of Developmental Disabilities

INTRODUCTION

This booklet contains information you need to know to work as a contracted Individual Provider for the Division of Developmental Disabilities (DDD).

Please read this information carefully and keep it for future reference. If you have further questions, please call your regional DDD office.

Region 1 DDD Spokane: 1-800-462-0624

Region 2 DDD Yakima: 1-800-822-7840

Region 3 DDD Everett: 1-800-788-2053

Region 4 DDD Seattle: 1-800-314-3296

Region 5 DDD Tacoma: 1-800-248-0949

Region 6 DDD Olympia: 1-800-339-8227



TABLE OF CONTENTS

Individual Provider Information Booklet

Individual Provider Qualifications	1
Liability of Caregiving	2
Respecting Individuals/Families	2
Positive Behavior Support	3
MPC Task Definitions	4
Universal Health Precautions	5
Provider Contracting Procedures	5
Service Plan and Service Verification	6
Service Verification Form	7
Service Authorization	8
SSPS Payment System	8
Troubleshooting Payment Problems	9
Basic Health Plan Benefit	10
Training Requirements for Medicaid Personal Care	11

INDIVIDUAL PROVIDER QUALIFICATIONS

You become an “individual provider” when you contract with the Division of Developmental Disabilities (DDD) to provide one of the following individual provider services:

- Medicaid Personal Care (MPC)
- Family Support Respite Care (FS),
- Attendant Care (AC), and/or
- Alternative Living (AL)

As an individual provider you are NOT an employee of DSHS. You are employed by the adult with developmental disabilities or, if a child, by their family. The DDD recipient of service and/or their family is the “employer” and hires, supervises, and fires the provider. Working as an Individual Provider can be both challenging and fulfilling. You will be helping your employer (the person with developmental disabilities) with many tasks. It is an important responsibility.

To be contracted as an Individual Provider, you must:

- Be eighteen years of age or older;
- Not be the spouse of the client receiving services or the natural/step/adoptive parent of a child age seventeen or younger;
- Have no conviction for a disqualifying crime, as listed in RCW 43.43.830 and RCW 43.43.842;
- Have no findings of fact or conclusions of law or agreed orders related to abuse, neglect, financial exploitation or abandonment of a minor or vulnerable adult, as defined in RCW 74.39A.050(8);
- Have not had a license or a contract for the care of children or vulnerable adults denied, suspended, or revoked, or terminated; for noncompliance with state and federal regulations.
- Be able to prove you can work in the U.S. i.e. a social security card and official picture identification.
- Maintain a current daycare or foster care license if required by law for providing services in your home.
- Meet any educational/training requirements mandated by the program.

You must have the skills and ability to:

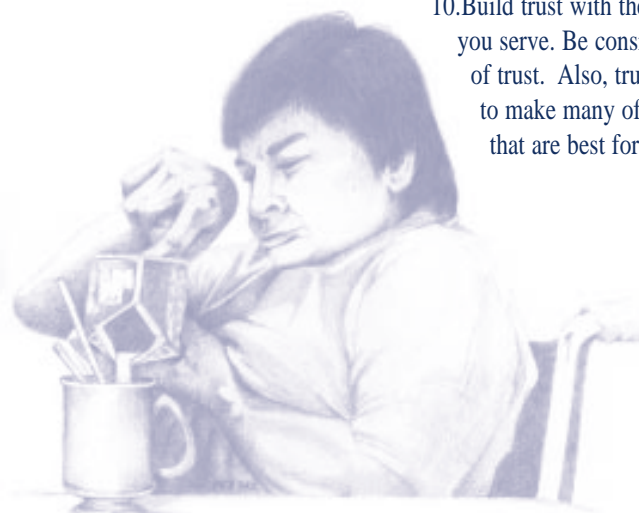
- Read and understand the person’s service plan;
- Provide the services, as outlined in the client’s service plan;
- Understand specific directions for providing care;
- Identify problem situations and take the necessary action;
- Respond to emergencies without direct supervision;
- Understand the way your employer wants you to do things;
- Work independently;
- Be dependable and responsible.

You should NOT:

- Accept gifts, money, or loans from your employer (the DD person/family);
- Accept additional reimbursement for the service hours DDD is paying you for;
- Purchase anything from you employer;
- Sell anything to your employer;
- Tell information about the employer/family without their specific consent.
- Provide services in your home unless it is allowed by program rules and specifically authorized by DDD.
- Perform any tasks that require a licensed healthcare professions such as an LPN or RN.
- It is recognized that a provider who is related to the person they serve will have a different association with their “employer/family” and are allowed to perform licensed care tasks.

RESPECTING THE INDIVIDUALS/ FAMILIES YOU SERVE

1. Always treat the people/families you serve with respect. Respect their choices and life experiences.
2. Listen carefully to people/families. This means taking time to attend, to ask questions, to listen to body language. Take people's concerns seriously.
3. Always offer age appropriate choices, particularly if a person cannot directly express what they want. Sometimes it is easier to respond to a limited choice question ("do you want to go to Sizzler or McDonalds?") than to an open ended question like "Where do you want to go for dinner?"
4. Be flexible. Staff should adjust their schedules to the needs of the individuals we serve, not visa versa. Allow the person you serve to set his or her own schedule.
5. The people you serve have a right to personal privacy. Always knock when entering their room. Wait for a response. Be aware of a person's need for private time and time alone with friends.
6. Acknowledge that the individuals/families you serve may have different perspectives around a number of issues. Your concern about an issue, like hygiene, may not be theirs. There are a wide variety of perspectives, all of which are acceptable.
7. If you cannot do what the person/family wants you to do, be honest about why: "I am uncomfortable with that" sounds better than saying "that's wrong".
8. It is better to inform someone about the consequences of their behavior than tell them what to do. Advice should be given in ways that are age appropriate and respectful of the person, their perspectives, and their life experiences.
9. Humor can be helpful. Shared humor helps us deal with some of the discomfort we may have around our work. It also helps if we genuinely like each other.
10. Build trust with the person/family you serve. Be consistent and worthy of trust. Also, trust adults/families to make many of the decisions that are best for them.



LIABILITY OF CAREGIVING

1. Abandonment: State law makes it a crime to abandon a dependent person. "Abandon" means leaving a dependent person without the means or ability to obtain any of the basic necessities of life. If you wish to "quit"/terminate your employment, you must give at least two weeks written notice to your employer, their legal representative and the case/resource manager. You will be expected to continue working until the quitting date.
2. Scope of Practice: You must follow the terms of your contract and only provide those services allowed under state law. Tasks requiring a licensed health professional are not reimbursable within individual provider contracts. There are two exceptions to this:
 - Relative providers can legally perform any healthcare/medical tasks per the department's service plan.
 - Adult clients able to self-direct their healthcare can choose to train and direct their individual provider to do any medical task. If you agree to do the task, you must follow the department's service plan. If "self-directed care" or the specific health care task is not in the service plan, notify the case manager.
3. The eligible DDD person/family can only ask you to perform additional duties if:
 - you agree to do so
 - the additional duties are not done on state paid time

If you have questions or concerns about your job duties, please contact the authorizing DDD Case Resource Manager.
4. As an individual provider you are NOT covered by L&I for on-the-job injuries.
5. If you are asked to transport the person as part of your job duties, you must have a current, valid driver's license and car insurance. If you cannot provide transportation services, please inform your "employer" and the authorizing case/resource manager.
6. You must not abuse any vulnerable child or adult physically, mentally, sexually, or financially.
7. You must report any abuse or suspected abuse to the local child or adult protective services. The phone number is in the government pages of your phone book under State of Washington.

POSITIVE BEHAVIOR SUPPORT

DDD wants people to experience positive life benefits, including:

- Health and safety;
- Personal power and choice;
- Personal value and positive recognition by self and others;

A range of age appropriate experiences which help people participate in the physical and social life of their communities;

- Good relationships with friends and relatives; and
- Competence to manage daily activities and pursue personal goals.

Positive behavior support is based on respect, dignity, and personal choice. If someone's needs can be met effectively, problem behaviors can be reduced. A supportive environment responds quickly and effectively to meet someone's needs. This can prevent someone from resorting to problem behaviors to get a response. For example, if you can learn what triggers inappropriate behaviors, you can reduce these factors. Increasing a person's opportunity to make choices can increase their control over their environment and perhaps reduce negative behavior as a means of "control".

In addition to soliciting input from the person you are caring for, the person's family or regular caregiver will be helpful to consult with about that person's routine, likes, dislikes, and needs. They will be able to model for you how best to communicate with and work with their family member.

Encouragement and other positive procedures should always be used first to elicit cooperation from people. The following are some suggested interventions:

1. Prompting - verbal, gestures and physical cues, as well as physical assistance;
2. Simple correction - explaining to a person that they have done something incorrectly, showing a person how to do it correctly in a manner which is not unpleasant to the person;
3. Ignoring inappropriate behaviors, when possible;
4. Offering or suggesting alternatives, discussing options, and discussing consequences of the behavior;
5. Encourage learning by observation.

If all attempts at gaining the person's cooperation fail and you are unable to complete or continue with the "task", then stop the task and attend to the person. Try the task at another time or on another day. You may not

physically force anyone to do anything they don't want to do, but it is your responsibility to try to prevent the person from injuring self, others or property.

Protective procedures are permitted to interrupt or prevent behaviors which are dangerous or harmful to self, others, or property, and/or cause significant emotional or psychological stress to others. The following are some suggested ways to intervene:

1. Physically blocking someone's behavior without holding onto the person;
2. Requiring a person to leave an area without physical coercion;
3. Requiring a person to leave an area by physically holding on and moving the person;
4. Use of door and/or window alarms (a parent/ guardian decision);
5. Restricted access to certain areas;
6. Removal of personal property being used to inflict injury on one's self or to others;
7. Required supervision.

If none of the above procedures is successful and the person, yourself, others, or property are in immediate danger, call 911 for assistance.

When dealing with negative behavior, certain forms of discipline or control are never permitted under any circumstances for DDD in-home providers:

1. Aversive stimulation - the application of a stimulus which is unpleasant to the person (i.e. water mist to the face, unpleasant tastes to the mouth);
2. Electric shock - the application of an electronic shock to any part of the person's body;
3. Corporal punishment - physical punishment of any kind;
4. Locking a person alone in a room;
5. Physical or mechanical restraint.

These and other serious incidents, such as physical assault, injury requiring medical attention, wandering/ running away, or serious property damage need to be reported as soon as possible to the person's parent/ caregiver and then to DDD.

As an in-home provider of service, you may see things in the home that concern you. If you feel there may be neglect or abuse occurring in the person's life, you need to report your concerns. You can call the DDD case manager or Children's or Adult Protective Services.

If you feel that you need help with managing a person's behavior more effectively, call DDD or assistance.

The mission of DDD is to make a positive difference in the lives of people served by the division, through offering services and resources to individuals and their families in a manner which meets their needs and promotes and supports everyday activities, routines and relationships common to most citizens.

These definitions describe what services/supports an individual provider is allowed to provide under the Medicaid personal care program.

“Ambulation” means assisting the client to move around. Ambulation includes supervising the client when walking alone or with the help of a mechanical device such as a walker if guided, assisting with difficult parts of walking such as climbing stairs, supervising the client if client is able to propel a wheelchair if guided, pushing the wheelchair, and providing constant physical assistance to the client if totally unable to walk alone or with a mechanical device.

“Bathing” means assisting client to wash self. Bathing includes supervising client able to bathe self when guided, assisting client with difficult tasks such as getting in or out of the tub or washing back, and completely bathing the client if totally unable to wash self.

“Body care” means assisting the client with exercises, skin care including the application of non-prescribed ointments or lotions, changing dry bandages or dressings when requiring professional judgment is not required and pedicure to trim toenails and apply lotion to feet. “Body care” excludes:

- (i) Foot care for clients who are diabetic or have poor circulation; or
- (ii) Changing bandages or dressings when sterile procedures are required.

“Dressing” means assistance with dressing and undressing. Dressing includes supervising and guiding client when client is dressing and undressing, assisting with difficult tasks such as tying shoes and buttoning, and completely dressing or undressing client when unable to participate in dressing or undressing self.

“Eating” means assistance with eating. Eating includes supervising client when able to feed self if guided, assisting with difficult tasks such as cutting food or buttering bread, and feeding the client when unable to feed self.

“Personal hygiene” means assistance with care of hair, teeth, dentures, shaving, filing of nails, and other basic personal hygiene and grooming needs. Personal hygiene includes supervising the client when performing the tasks, assisting the client to care for the client’s own appearance, and performing grooming tasks for the client when the client is unable to care for own appearance.

“Positioning” means assisting the client to assume a desired position. Positioning includes assistance in turning and positioning to prevent secondary disabilities, such as contractures and balance deficits or exercises to maintain the highest level of functioning which has already been attained and/or to prevent the decline in physical functional level. (Range of motion ordered as part of a physical therapy treatment is not included.)

“Self-medication” means assisting the client to self-administer medications prescribed by attending physician. Self-medication includes reminding the client of when it is time to take prescribed medication, handing the medication container to the client, and opening a container.

Effective January 2000 WAC 246-888 has expanded the scope of what is allowed to assist persons to self-administer their medications. If your employer is aware that he/she is taking medication, and is able to put the medication into his/her mouth or apply or install the meds, you may do any of the following to assist:

- Use “enablers” to assist the person to administer their medication. “Enablers” are physical devices such as a medicine cup, glass, spoon, prefilled syringes, syringes to measure liquids.
- Place the meds in the person’s hand.
- Steady or guide the hand while the person applies or instills ointments or eye, ear, nasal preparations.
- Crush, cut tablets; open capsules, mix powdered meds, tablets, capsules with food or liquid IF the container, record, or service plan indicates this is appropriate.
- Assist with the preparation of meds for your employer to administer via the g-tube. You MAY NOT DO the following unless you are a relative provider or acting under “self-directed care” per the service plan:
 - “Hand-over-hand” administration of medications.
 - Administration of meds by g-tube.
 - IV or injectable medications.

“Toileting” means assistance with bladder or bowel functions. Toileting includes supervising the client when able to care for own toileting needs if guided, helping client to and from the bathroom, assisting with bedpan routines, diapering and lifting client on and off the toilet. Toileting may include performing routine peri/colostomy catheter tasks, for the client when client is able to supervise the activities.

“Transfer” means assistance with getting in and out of bed or wheelchair or on and off the toilet or in and out of the bathtub. Transfer includes supervising the client when able to transfer if guided, providing steadying, and helping the client when client assists in own transfer. Lifting the client when client is unable to assist in their transfer requires specialized training.

“Travel to medical services” means accompanying or transporting the client to a physician’s office or clinic in the local area to obtain medical diagnosis or treatment.

“Essential shopping” means assistance with shopping to meet the client’s health care or nutritional needs. Limited to brief, occasional trips in the local area to shop for food, medical necessities, and household items required specifically for the health and maintenance, and well being of the client. Essential shopping includes assisting when the client can participate in shopping and doing the shopping when the client is unable to participate.

“Meal preparation” means assistance with preparing meals. Meal preparation includes planning meals including special diets, assisting clients able to participate in meal preparation, preparing meals for clients unable to participate, and cleaning up after meals. This task may not be authorized to just plan meals or clean up after meals. The client must need assistance with actual meal preparation.

“Laundry” means washing, drying, ironing, and mending clothes and linens used by the client or helping the client perform these tasks.

“Housework” means performing or helping the client perform those periodic tasks required to maintain the client in a safe and healthy environment. Activities performed include such things as cleaning the kitchen and bathroom, sweeping, vacuuming, mopping, cleaning the oven, and defrosting the freezer, shoveling snow. Washing inside windows and walls is allowed but is limited to twice a year. Assistance with housework is limited to those areas of the home, which are actually used by the client. This task is not a maid service and does not include yard care.

“Wood supply” means splitting, stacking, or carrying wood for the client when the client uses wood as the sole source of fuel for heating and/or cooking. This task is limited to splitting, stacking or carrying wood the client has at own home. The department shall not allow payment for a provider to use a chain saw or to fell trees.

“Supervision” means being available to:

- (a) Help the client with personal care tasks that cannot be scheduled (toileting, ambulation, transfer, positioning, some medication assistance); and/or
- (b) Provide protective supervision to a client who cannot be left alone because of impaired judgment.

UNIVERSAL HEALTH PRECAUTIONS RECOMMENDATIONS

1. Wear gloves if having contact with blood and/or blood tinged body fluids.
2. If you have cuts, sores, or breaks on exposed skin cover with a bandage.
3. Wear gloves to clean up articles soiled with urine, feces, vomit, vaginal fluids or semen (all body fluids).
4. If using non-disposable type rubber gloves make sure they are in good condition (not peeling, cracked, or with holes).
5. If splatter of body fluids is possible, wear an apron or smock.
6. To remove body fluids from surfaces, wash with soap and water or a household cleaning product and disinfect with a bleach and water solution of 1-tablespoon bleach to 1-quart water. It is not necessary to disinfect clothing or clothe items as regular washing is adequate.
7. Flush all liquid waste down toilet.
8. Solid waste should be secured in plastic bags.
9. Do not share or allow those in your care to share toothbrushes, utensils, brushes, combs, cups/glasses, hats, handkerchiefs, eye drops, razors, etc.

Considerations for general illnesses:

1. Encourage those that are ill to cover their mouth when coughing, sneezing, etc. and to wash their hands frequently. Have them use paper tissues and paper cups that can be disposed of in the garbage immediately. Wash and disinfect toys, basins, utensils, equipment or furniture that may have been in contact with body fluids.
2. Encourage families to keep ill members at home until well.
3. Encourage families to have all vaccinations for family members' current and complete.

Additional information pamphlets are available upon request or you may contact the Washington State Department of Health.

PROVIDER CONTRACTING PROCEDURES

You should keep this information for your records

In order to receive payment from DDD for services, a provider must have a contract in place with DDD/ DSHS. DDD cannot pay for any services provided before a contract is in place. When you apply to be an individual provider of Medicaid Personal Care, Family Support, Attendant Care, or Alternative Living services, you will be asked to complete and/or sign the following forms:

1. An Intake and Information Form;
2. Contract with a work order specific to the service you want to provide;
3. A completed Highway Patrol clearance or a Criminal Background Inquiry form (unless you are a "parent" contracting as a personal care provider for your own adult child);
4. A form for an FBI inquiry if you have lived in Washington State less than 3 years;
5. A copy of your Social Security card and Driver's License or other acceptable ID that will verify your status to be legally employed;

Relatives can be contracted before the completion of the criminal inquiry process as long as the form has been submitted.

All other contracts must wait until the necessary criminal background inquiries have been completed and a clearance letter received by DDD and the provider confirming that the individual has been cleared for employment.

Once the contract has been signed and completed, the provider will receive a copy. Please keep the contract and work order in a safe and accessible place as you will need to refer to it from time to time. The contract and the criminal background inquiry clearance will be renewed every 3 years.

Please notify your DDD Case/Resource Manager of any change in name or address to ensure that you will receive your payments.

A contract does not guarantee paid work from DDD but it will make you available to provide services.

Please keep the contract and work order in a safe and accessible place as you will need to refer to it from time to time.



SERVICE PLAN

The referring case/resource manager will provide you with some information about the DDD individual that you are being asked to work for. The amount and type of information you will be provided will depend on the program type and the person's situation. The family is always the best resource for information but the case/resource manager is required to provide you with all the information you need to do your job safely.

For instance, a child receiving Family Support respite care will have a parent/guardian to "orient" you and teach you how to care for the child. You will often receive only a verbal summary of the child and family's needs from the case/resource manager. He/she will then refer you directly to the family to meet them and get the details of the respite care needs.

Medicaid Personal Care, Attendant Care, and Alternative Living services require an assessment and a service plan. You, as the provider, will receive a copy of the service plan. This service plan will explain what services you can provide for this individual. Since you will be working with the individual, you may discover different needs than are identified on the Service Plan. This would be helpful information for the case/resource manager to know.

There may be information about the person that the case/resource manager and family feel is "confidential" and not relevant to the provision of care. Any information the person or the family shares with you is "confidential" and not to be shared with others. You have an obligation, however, to report to the case/resource manager concerns or incidents that effect health and safety of the person.

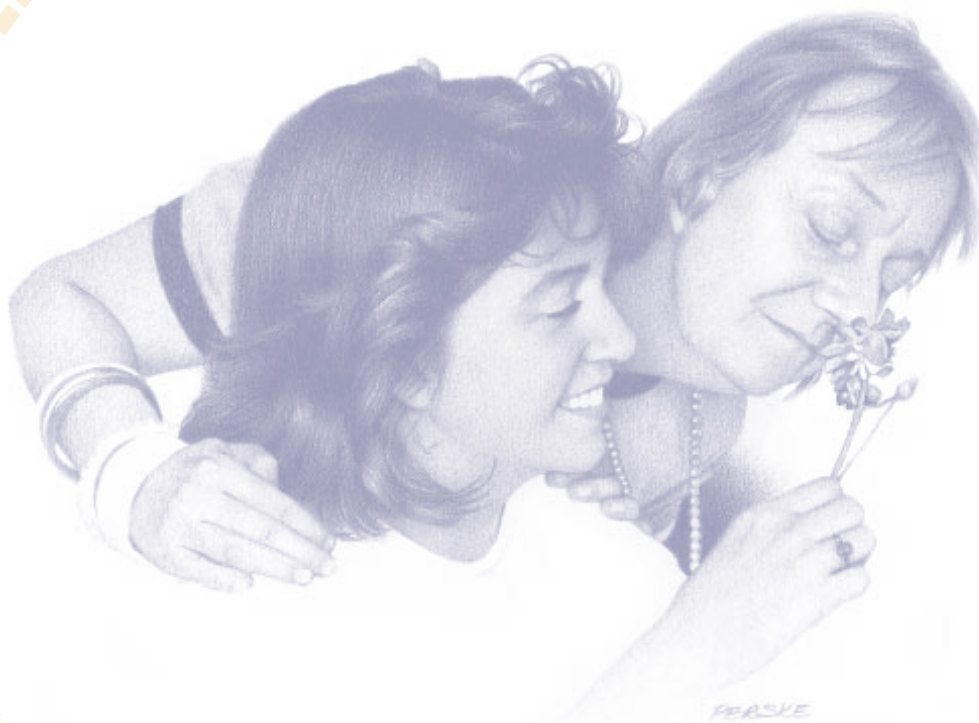
SERVICE VERIFICATION

At the time of contracting, you will be given Service Verification Sheets. This form provides a monthly record of the work you have done. You are required to keep a record of service provided using either this form or some other method that can be made available to the case/resource manager or auditor upon their request.

A written record makes it easier for you to fill out your Invoice at the end of the month. It is also necessary documentation when anyone questions the service hours or payment that was provided.

You will need to set up a monthly record keeping system that holds your:

1. Social Service Notice
2. Service Verification Sheets
3. Copy of the completed "Invoice"
4. Remittance Advice



DIVISION OF DEVELOPMENTAL DISABILITIES
SERVICE VERIFICATION
AND

ATTENDANCE RECORD

CLIENT'S NAME	
SERVICE PROVIDER'S NAME	

MONTH	YEAR
-------	------

	DATES															MONTHLY TOTALS
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
A	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
B																
C																
D																

DATES		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	MONTHLY TOTALS
		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
A	HOURLY SERVICE BEGAN																	
B	HOURLY SERVICE ENDED																	
C	PROVIDER MILEAGE																	
D	CLIENT TRANSPORTATION																	

Signed by: _____ CLIENT/PARENT/GUARDIAN

FOR OFFICE USE ONLY		
HOURS	_____	_____
DAYS	_____	_____
MILES	_____	_____

INSTRUCTIONS:

- A. Enter time service began - indicate AM or PM as appropriate.
- B. Enter time service ended - indicate AM or PM as appropriate.
- C. Provider Mileage: Enter miles traveled to and from the client for the purpose of providing service when authorized per SSPS.
- D. Client Transportation: All miles traveled transporting a client when authorized per SSPS.
- E. Maintain completed verification forms in your records for six (6) years. Copies may be requested by DDD/DSHS.

DDDB 1A-044A (REV. 04/1998)

DISTRIBUTION: White - Ordering Office Yellow - Contractor

SERVICE AUTHORIZATION

DDD is only responsible for services approved and authorized by the DDD case/resource manager. Do not provide services unless you have been authorized to do so by the case/resource manager.

Both the provider and the person/family have the right to refuse to provide the service or to use a particular provider. However, once the provider and the person/family have agreed on the service, the case resource/manager will authorize the service on the computer.

This will generate a “Social Service Notice”. This is a computer generated Notice that will detail the service to be provided, the number of days/hours, the start date and end date of the service, the rate of pay, and the client. No additional Social Service Notice will be generated until there is a change of service. For instance, if Medicaid Personal Care is authorized for 12 months, you will only receive the initial Social Service Notice for the 12-month period.

Please check to be sure that the following information is correct:

1. Your name.
2. Your mailing address.
3. The type and amount of service and the start date.

If any of this information is incorrect, call your case/resource manager right away.

This Social Service Notice confirms that the service has been entered into the computer for payment. If there is no letter, no payment will be generated. If you have not received a Social Service Notice by the 20th of the month in which you are providing service, call you case/resource manager.

THE SSPS PAYMENT SYSTEM

Social Service Payment System

As an individual provider of DSHS/DDD, you are reimbursed after services are provided through the SSPS system. If the service has been entered into the computer by the case/resource manager, you will receive an “Invoice” or billing form at the end of the month in which you provided service, unless it is a one time payment code.

The “**Invoice**” is a billing statement that lists the maximum amounts of service you have been authorized to provide in that month. All of the DSHS clients you served that month will be on this Invoice. This means your invoice could be more than one page.

Invoices are issued only twice a month: around the 25th of the service month and the 10th of the following month for late authorizations. If you don’t receive an invoice by the 3rd of the month following service, call the authorizing case/resource manager.

You must fill in all of the “pink” areas of the invoice, sign it, and return it in the envelope provided.

Upon receipt of a completed invoice, the SSPS system will issue your “**warrant**” or check. Allow about 10 working days from the date of receipt of the completed invoice by SSPS to get your check.

A “**Remittance Advice**” is mailed with your DSHS check. This provides a personal record of DSHS payments.

TAXES

DSHS may be required to withhold Social Security (FICA) and unemployment (FUTA) taxes from your paycheck. Your social service award letter will indicate if OASI is being withheld. DSHS pays the employer’s share of these taxes. When you file your income taxes, you need to report all of the money you received to provide care.

DSHS will NOT withhold income tax from your check. You may need to prepay your income tax by making quarterly estimated tax payments using federal form 1040-ES.

IRS information: 1-800-829-1040

IRS forms: 1-800-829-3676

When completing the Invoice, remember:

1. Check the services listed for accuracy.
2. You are required to fill in the blank **PINK** boxes with the type and number of MON/DA/HRS/EA you actually worked. **Then sign and return the top copy of the invoice as indicated.**
3. You cannot bill for more than the service amounts listed but you can bill for less.
4. You can only use whole numbers.
5. Enter zero (0) in the pink box if no service was provided.
6. If a “monthly” unit of service was authorized and you worked less than a full month, enter DA for DAY and the number of days in the total box. You cannot substitute with “hours”.
7. **Fill in all of the Pink Boxes.** Do not fill in any boxes that have “X’s” in them.
8. Sign your signature in the pink box. No other signature is required.
9. Do not leave any Pink Boxes blank or the invoice will be returned to you for correction.
10. Do not use the invoice for reporting a name or address change or for writing messages. When this happens, the Invoice gets delayed at least 2 or 3 days.
11. Keep the blue copy for your records along with your “Remittance Advice”.

**Keep your
social service
notices!**

INVOICE EXPRESS

Telephone Invoice Return

We encourage you to use the new telephone invoice reply system called INVOICE EXPRESS rather than mailing your invoice. Please call 1 (888) 461-8855 and listen carefully to the messages. A voice will read what you have entered back to you. Listen carefully. You will be asked to press 1 if it is correct, or 2 if it is not correct. If the amount is different than what you entered, press 2 and then correct it. At the end you press the asterisk key. Do not hang up until you hear a message saying that your invoice has been successfully submitted. Afterwards, keep the invoice for your permanent record and do not mail it in.

Postal Invoice Return

If you return your invoice by mail (US Postal Service), you must now pay for the stamp(s). For envelopes up to one ounce the cost is 33 cents. For envelopes between one and two ounces the cost is 55 cents.

DIRECT DEPOSIT

You may choose to have your funds deposited directly into your financial institution instead of receiving a warrant. This option will remove problems associated with lost, stolen, or misplaced warrants, and ensure funds availability to SSPS payees.

Direct Deposit mailers were sent to providers throughout the fall of 1999. The mailer consisted of a brochure with a tear-off postcard to request a Direct Deposit sign-up packet.

The Direct Deposit sign-up packet contains the four items listed below:

- A cover letter describing direct deposit with SSPS
- The SSPS Direct Deposit Fact Sheet which describes the benefits and limitations of Direct Deposit, and Direct Deposit eligibility
- The Authorization Agreement for Direct Deposit
- The Internal Revenue Service W-9 form

To apply, you must complete the Authorization Agreement for Direct Deposit and a W-9 form, and mail to:

DSHS, ASD/SSPS
P.O. Box 45812 Attention: Direct Deposit Desk
Olympia, WA 98504-5812

TROUBLESHOOTING PAYMENT PROBLEMS

Incomplete Invoice?

If you receive an invoice that does not list all of the services you were authorized to provide, or if the rate, hours/days, or time period are in error, **please call the authorizing case resource/manager**. You should claim what you can on the invoice. The corrections will be included on another invoice issued later.

Lost or Missing Invoice?

If the service was entered into the SSPS system on time and you lose or never receive the invoice, you can ask your case/resource manager to have a “duplicate” invoice issued right away.

1. An invoice is considered “late” if you have not received it within the first three working days of the month.
2. If you then receive the original **and** the duplicate invoice, destroy one of them. **Do not bill twice by returning two invoices for the same service.**

If your case/resource manager failed to enter the authorization into the SSPS system by the “run” date when the invoices are printed, you will have to wait until the next “run date” for your invoice. Invoices for new or updated payments are issued only twice a month.

Payment Error?

Sometimes an error in filling out the invoice will result in your receiving a check that is less than or more than you expected. When this happens, call your case/resource manager. This can be corrected but there will be a delay of at least 7-10 days in getting your money.

Late Check?

If it has been **more than 12 working days since you returned your invoice** and you have not received your check, you can call:

1. your case/resource manager or
2. the SSPS toll free number listed to the right.

The computer system lists the invoice services and amount; when the invoice was received and what was billed for; and the date and number of the check that was issued.

If the computer shows that a check was issued/mailed and you have not received it **after 10 working days**, a replacement check can be obtained after 30 days from date of issue. You will be asked to complete an affidavit of Lost, Stolen or Destroyed Warrant (Form DSHS 9-13(x)) available through any DDD office.

**If you need help
filling out your
invoice, call your
case/resource
manager.**

SSPS

**Toll Free Line
1-800-523-2301,
10am-12pm
and 1pm-3pm**

BASIC HEALTH PLAN BENEFIT

If you are a provider of Medicaid Personal Care or Chore services, you may be able to get health care insurance from the Basic Health Plan (BHP) for just \$10 a month from the State of Washington. There is no waiting list!

If you work at least half time, which means you earn at

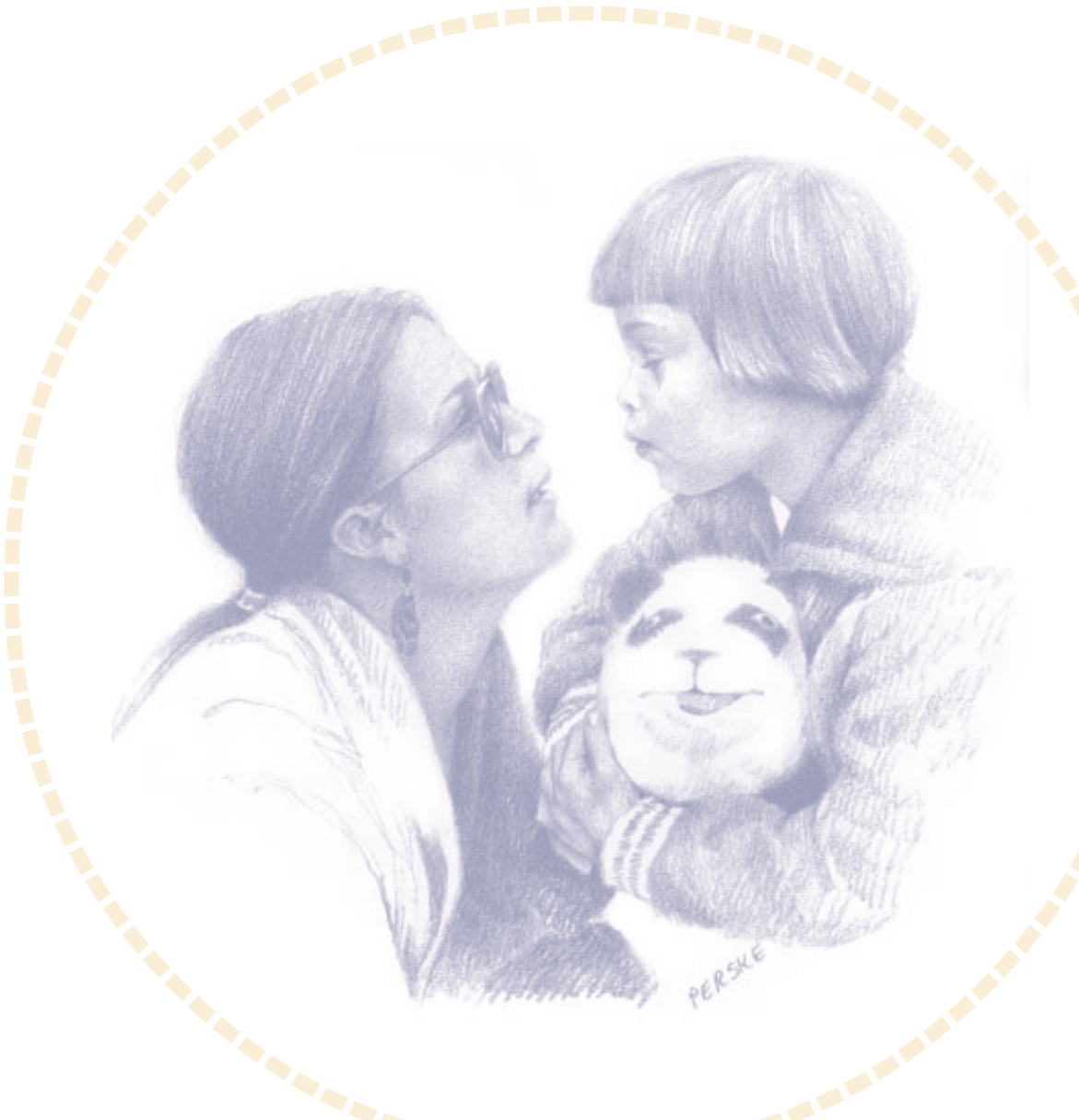
least \$500 per month total reimbursement as a provider of Chore or Medicaid Personal Care, and you meet the income guidelines, you may want to call BHP. Call 1-800-826-2444, stay on the line to speak to a customer service representative, and identify yourself as an “IPP” (Individual Personal Provider). Late afternoons are the best time to call.

INCOME GUIDELINES

NO
WAITING
LIST!

Persons in Family	1	2	3	4	5	6	7
Gross Monthly Income	Less than \$1,391.00	Less than \$1,875.00	Less than \$2,358.00	Less than \$2,841.00	Less than \$3,325.00	Less than \$3,808.00	Less than \$4,291.00

If you meet the income guidelines but earn less than \$500 per month from DDD, you may be able to apply for a reduced rate, though you will not be eligible for the benefit described above.



TRAINING REQUIREMENTS FOR MEDICAID PERSONAL CARE

Who is required to take training classes?

If you are contracted through DDD as an individual provider to provide in-home chore or Medicaid Personal Care (MPC) assistance for an adult, law requires that you complete training even if you are related to the client.

What if I am the paid parent provider for my adult son/daughter? Do I have to take the training?

Yes. A “one-time” 6-hour class is provided for parent providers. NO PARENT PROVIDER IS EXEMPT FROM THIS TRAINING. Parents are exempted from any continuing education requirements.

What training is required?

You must possess a certificate of successfully completing department-designed Fundamentals of Caregiving or the Modified Fundamentals. Caregivers must also complete 10-hours of continuing education each calendar year.

How long do I have to get my training completed?

Providers have 120 days from the start of employment to complete the Fundamentals of Caregiving training. Parent providers have 180 days to complete either the Fundamentals of Caregiving or a special parent training.

What training options do I have?

Training classes are held in each area of the State. You also have the option to challenge the Fundamentals of Caregiving test by reviewing the material on your own then taking the test and demonstrating some tasks.

Who pays for the course tuition and for my time?

DDD pays the tuition for all required courses AND reimburses you for your training time when proof of certification is received.

DDD will also work with you to ensure there is appropriate provider coverage while you are in the class

Who do I call for more information?

Speak to your case manager or the Medicaid Personal Care Coordinator in your Region:

Region 1: 1-800-462-0624

Region 2: 1-800-822-7840

Region 5: 1-800-248-0949

Region 3: 1-800-788-2053

Region 4: 1-800-314-3296

Region 5: 1-800-248-0949

Region 6: 1-800-339-8227

To inquire about the Parent Provider training, call Mary Romer at 206-443-0406.

